



# BellaVista DentalCare

Family & Cosmetic Dentistry

YOUR E-MAIL ADDRESS WILL BE USED TO CONFIRM APPOINTMENTS

MAY WE USE YOUR E-MAIL ADDRESS FOR ALL OF THE FOLLOWING:

DR. CORRESPONDENCE

SCHEDULING APPOINTMENTS

QUARTERLY NEWSLETTERS

PATIENT'S/GUARDIAN'S NAME: \_\_\_\_\_

PATIENT'S/GUARDIAN'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

YOUR EMAIL ADDRESS: \_\_\_\_\_